

EXPRESS EV 36539 10/531742

PTO/SB/81 (11-04)

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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Raoul Monnier
Title	Radio Signal Distribution Device and
Art Unit	Reception System Therefor
Examiner Name	
Attorney Docket Number	PF020143

I hereby revoke all previous powers of attorney given in the above-identified application.

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Name	Registration Number

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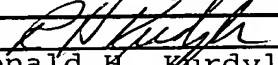
☐ The address associated with the above-mentioned Customer Number:  
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<input checked="" type="checkbox"/> Firm or Individual Name	Thomson Licensing Inc.				
Address	Patent Operations, P.O. Box 5312				
City	Princeton	State	NJ	Zip	08543-5312
Country	USA				
Telephone	609-734-6818	Fax	609-734-6888		

I am the:

☐ Applicant/Inventor.  
☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	Oct. 18, 2005
Name	Ronald H. Kurdyla, Reg. No. 26,932	Telephone	609-734-6818
Title and Company	Sr. Patent Counsel, Thomson Licensing Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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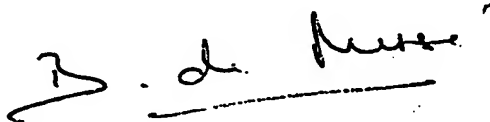
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do hereby grant

**Joseph S. Tripoli  
Senior Vice President  
Thomson Licensing Inc.  
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DATED this 15 day of March, in the year 2004.

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DATED this 17<sup>th</sup> day of March, 2004.

SIGNED

  
Joseph S. Tripoli  
Sr. Vice President  
Thomson Licensing Inc. and  
Attorney In Fact for  
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WITNESS

David Fournier

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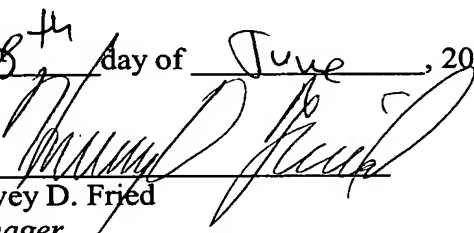
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Catherine A. Ferguson  
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DATED this 18<sup>th</sup> day of June, 2004.

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Harvey D. Fried  
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WITNESS

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